

**Provider Type 45 - End Stage Renal Disease Facility**  
**Provider Type 81 - Hospital Based End Stage Renal Disease**  
**Reimbursement Rates**

**Date of last rate review: 11/2016**

**A rate review may or may not result in a change to the reimbursement rate.**

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy

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**Pharmacy codes are billed with NDC numbers and adjudicated via the Point of Sale System.**

Proc Code	Description	Mod	Rate	Rate Begin Date
90945	Dialysis one evaluation		119.28	1/1/2016
90999	Dialysis procedure		278.31	1/1/2016